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Examiner Name M. Kidwell	REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY	PACKAC	SING BODY	BODY FOR INDIVIDUAL		
Attorney Docket No. 578652001400	CHANGE OF CORRESPONDENCE ADDRESS	Art Unit	3761	3761		
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Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: The address associated with Customer Number: OR The address associated with Customer Number: OR Film or Individual Name Address City State Zip Email I am the: Applicant/Inventor. OR Signature ToFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Signature ToFR 3.74(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Name Title and Company Uni-Charm Corporation NOTE: Signature of a Signature or assignate of a scoord of the entire interest or desired the representative(s) are required. Submit multiple formers or meaning the signature or assignate or	OR Interby appoint Practitioner(s) associated with the following Customer Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR Interby appoint Practitioner(s) named below as mylour attorney(s) or agent(s) to prosecute the application identified above.					
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Film or Individual Name Primary Pr	Deposition of the Registration			Registration		
Address Address Country State Zip Country Telephone Email I am the: Applicant/Inventor. OR Apsignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Date Morch II , 2-0 p Name Skilly Takahashi Telephone + \$1 - 3 - 6722 - 047 Title and Company Uni-Charm Corporation NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms Prove than one signature to required, see below.	The address associated with Customer Number: The address associated with Customer Number:					
City State Zip Country Telephone Email I am the: Applicant/Inventor. OR X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on						
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